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CONFIRMATION NO. 6704

<b>SERIAL NUMBER</b> 10/706,856	<b>FILING OR 371(c) DATE</b> 11/12/2003 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3766	<b>ATTORNEY DOCKET NO.</b> 279.684US1
<b>APPLICANTS</b> David B. Krig, Minneapolis, MN; Kenneth Tobacman, Cedar, MN; Scot Boon, Woodbury, MN; Kristofer J. James, Eagan, MN; Rajesh Krishan Gandhi, Woodbury, MN;				
<b>** CONTINUING DATA *****</b> - none - @ 11/02/06				
<b>** FOREIGN APPLICATIONS *****</b> - none - @ 11/02/06				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 02/09/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <input checked="" type="checkbox"/> 11/02/06 Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 23
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> 21186				
<b>TITLE</b> SYSTEM AND METHOD FOR MONITORING OR REPORTING BATTERY STATUS OF IMPLANTABLE MEDICAL DEVICE				
<b>FILING FEE RECEIVED</b> 3290	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	